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ABSTRACT

School psychologists can play a central role in ensuring that handicapped students are treated fairly in minimum competency testing (MCT). Advocacy concerns include protection in the evaluation process as well as access to graduation and/or a high school diploma. In addition to these rights guaranteed by P.L. 94-142 (the Education for All Handicapped Children Act) and Section 504 of the Rehabilitation Act of 1973, two other areas in MCT should be monitored by school psychologists: modifications in testing and the relationship between MCT and special education. A clearer relationship is needed between development and implementation of the individualized education program and the MCT. (CL)

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Minimum Competency Testing and Handicapped Children: Is There A Role For The School Psychologist

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Running Head:MCT

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Minimum Competency Testing and Handicapped Chidren: Is there a Role for the School Psychologist

The American public has raised a number of questions regarding the quality of education that students are receiving in public schools (Gallup, 1979). Many parents of regular as well as handicapped students are voicing concerns about their children having the necessary skills to meet the challenges of everyday life when they leave school. Within the field of higher education, many professionals have indicated their frustration in teaching students who have not mastered basic skills (Altman, Note 1).

State legislatures, state boards of educations and local boards of education have responded to this concern by mandating, either by legislation or through new standards and regulations, that a Minimum Competency Testing (MCT) program be designed and implemented (Linde & Olsen, 1980). According to Linde & Olsen (1980) there are anywhere from 28 to 36 states that have some form of MCT program, depending on the criteria used in defining MCT programs. Specific implication applicable to MCT for the handicapped can be derived from The Education of All Handicapped Children Act of 1975 (P.L. 94-142) and Section 504 of the Vocational Rehabitation Act of 1973.

Linde & Olsen (1980) suggested that the Acts mandate that handicapped students must be provided a free and appropriate public

education. This provision is also addressed in the Vocational Education Act of 1973 as amended in 1976 (P.L. 94-142). Whether or not handicapped students can participate in an MCT program is not the question; by law (Section 504) they must be allowed the opportunity to participate. Section 504 and P.L. 94-142 addressed the specific rights of the handicapped individual in an educational setting. Within this framework the school psychologist could play a valuable role regarding MCT for handicapped students. This function has often been left to other school personnel. The consultation role model described by Martin & Myers (1980), Fine & Tyler (1971), Ramage (1979), and Lester (1982) for the school psychologist could easily be blended with MCT activities. This article reviews and examines issues and concerns related to the participation and involvement of the school psychologist in MCT programs, for the express purpose of expanding awareness among school psychologist and related personnel.

New Roles/Old Responsibilities

Public law mandates that education for handicapped students must be on an individual basis and tailored to meet the individual learner's specific needs. This requirement includes the use of MCT instruments with handicapped students and provides that the assessment instruments and standards are developed and administered appropriately, that the results are valid, and are interpreted by a team of professionals (usually teachers) familiar with the individual student (Linde et. al. 1980). However all too often the local school

psychologist does not play any role and or have any input in these procedures (Hayden, Note 2).

Protection in Education

The school psychologist within a local education agency needs to advocate and should paly a vital role in protecting the rights of the handicapped child or youth in MCT procedures. Since MCT involves student evaluation and may result in program change (IEP), the protection in the evaluation and may result in program change (IEP), the protection in the evaluation components of P.L. 94-142 and Section 504 needs to be preserved. Specific requirements under P.L. 94-142 must be adhered to in protecting the handicapped child's rights during the assessment procedure.

The role of an advocate could offer exciting opportunities to expand the role and functions of the school psychologist in states which have MCT. This advocate role would not only involve protecting the rights of the handicapped in the evaluation process but also ensuring that individual due process is adhered to since Section 504 provides safeguards against any handicapped student being denied access to a program solely because of a handicapping condition. The issue here is that many states tie MCT to graduation and/or the receiving of a high school diploma (McCarty, 1980). This equal access to a high school diploma cannot be denied the handicapped because of the handicapping condition(s).

In addition to an advocate role there are other opportunities for the school psychologist to expand her/his role and function in light

of MCT. Two other MCT issues, modification in testing handicapped students and the relationship between MCT and special education, can have significant ramifications for the role and functioing of the local school psychologist.

Monitoring of Testing

Various researchers Daves & Nolen (1962) & Salvia & Yasseldyke (1981) have demonstrated that modifying test formats and procedures affect test results. There is a scarcity of data regarding the reliability of modified forms of minimum competency test for handicapped students. In other words, if hearing impaired, visually impaired, or severe learning disabled students are to participate in MCT programs changes in test format and administration procedure will be needed to meet their individual handicapping conditions (needs). What happens to the norms of these tests when they are modified? How is the validity of the instrument affected by such modification? Data are desperately needed in order to halp answer these questions. The research role of the school psychologist could be expanded and at the same time they could provide directions, and leadership to their individual LEA regarding these issues. The school psychologist could also initiate research on the effect of minimum competency testing on handicapped children to help answer these questions posed by Gallagher & Hall (1979): What distinguishes those handicapped students in specific groups who passed and those within the same group who failed? Is there evidence of mislabeling? Were instructional methods different for the two groups, if so which instructional method(s)

were better? By providing data to help answer some of these questions the role of the school psychologist could be expanded beyond that of a "tester-evaluator" to more of a consultative-researcher model.

Bridging The Gap Between MCT & IEP

The second opportunity which would allow for the expansion of the role and function of the school psychologist centers on relationship between special education, (school psychology) and the lack of involvement in the design and implementation of MCT (Rosewater Note 3, authors added school psychology). Olsen (1980) and Rosewater (Note 3) have indicated that special education and school psychology services were not always included in planning and implementation of MCT and that there is little coordination between those parties who are responsible for assessing handicapped children and developing the IEP and those responsible for MCT program. In other words, few states or LEA have a clear working relationship between development and implementation of the IEP and the MCT. When handicapped children are involved in the MCT process, the relationship between the individual goals for the student and the goals for the school system often needs to be resolved (Linda et. al. 1980). The school psychologist could play a vital role in bridging this gap between MCT and IEP personnel. The school psychologist could also help assure that data collected on MCT about a handicapped child are fused to the development of that student's individual IEP and/or other remediation programs.

Conclusions

Modifications of current functioning are possible for the school psychologist as he/she becomes more involved with MCT at the local

level. Expansion of previous roles such as staff development, applied research, new approaches to assessment, as well as program evaluation can now be realistically assumed as parents and educators seek accountability through MCT. Few professionals within an educational setting have a greater chance to help develop future educational directions than the school psycholgist. We must continue to search for and develop new opportunities which expand our roles beyond the "keeper of the keys image": if we are to meet the needs of our schools and to meet the needs of all children. As Phye & Reschly (1979) pointed out, school psychologists can mold and modify their role and functions. Involvement in MCT will create greater emphasis on the consultation role and provide opportunities to modify the learning environment of children in order for all children to maximize their potential. As Phye et. al. (1979) said, "The challenges inherent in the current practice of school psychology are evident" (p. 45). This statement is especially true within the area of minimum competency testing. By assuming some of the responsibilities associated with MCT the school psychologist could easily fit into the role advocated by Fairchild (1982) as an assessment consultant. The need for school psychologists to become involved in the MCT program is evident; the question of course is will we?

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NOTES

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